



# Recovery Works

INDIANA'S FORENSIC TREATMENT PROGRAM

Recovery Works  
Service Definitions  
April 1, 2016

**Medically Monitored Inpatient Detoxification (AKA Inpatient Detoxification) - \$220/unit (unit = 1 day); requires Prior Authorization – coverage days vary**

This service, equivalent to the American Society of Addiction Medicine (ASAM) Level 3.7, medically monitored inpatient detoxification, is an organized service, delivered by medical and nursing professionals, that provides 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds.

This service provides care for individuals whose intoxication and/or withdrawal signs and symptoms are sufficiently severe to require 24-hour structure and support. All programs at this level rely on established clinical protocols to identify individuals who are in need of medical services beyond the capacity of the facility and to transfer such individuals to more appropriate levels of care.

This service is delivered under a defined set of physician-approved policies and procedures or clinical protocols. Participants shall have a diagnosis of Substance Use Disorder as determined by the Diagnostic and Statistical Manual of Mental Disorders current edition.

Medically monitored inpatient detoxification is medically assisted with physician approved and monitored medications and assessments. Any client that reports usage of substances that may have uncomfortable and medically concerning withdrawal symptoms and must be monitored much more closely may be appropriate for this service.

Minimum service requirements:

- Length of stay in detoxification treatment shall be determined utilizing the American Society of Addiction Medicine (ASAM) level of care criteria and requires prior approval of DMHA.
- Detoxification treatment services shall have separate living areas for women and men.
- Treatment services shall be based on individual need and diagnosis. Treatment services shall support participant self-sufficiency, decision making, empowerment, and disease self-management principles.
- Eligible participants shall have significant impairment in physiological, social, occupational, and/or psychological functioning due to substance use. Participants may have a co-occurring disorder, defined as concurrent diagnosis of mental illness, and shall receive treatment for substance use and co-occurring disorders concurrently.
- All services shall utilize evidence-based practices (EBP) and gender specific care. Evidence based practice is defined as programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results; show the greatest levels of effectiveness and have been replicated in different settings with different populations over time; and can include but are not limited to "treatment manuals." Evidence based practices for substance abuse is supported by the Substance Abuse and Mental Health Administration (SAMHSA): National Registry of Evidence-based Programs and Practices (NREPP).
- Provider shall have individualized, holistic, and comprehensive recovery/discharge plans for all participants utilizing community resources, recovery support services, and clinical interventions in the community of the participants' primary residence.
- All detoxification services shall be designed to practice and utilize recovery oriented environment, philosophy, and practices to include participant empowerment, self-sufficiency, and recovery options as defined by the participant.

Who can claim for this service: DMHA Certified Detoxification Service Providers Agencies; Provider shall be certified and In compliance with the Indiana Administrative Code, 440 I AC 4.4 and operate twenty-four (24) hours a day, seven (7) days a week, 365-6 days a year.

Exclusions: Provider shall voucher for admission day in detoxification but not day of discharge.

**Clinical Managed High-Intensity Residential Services - \$170/unit (unit = 1 day); requires Prior Authorization – coverage days vary**

Participants shall have a diagnosis of Substance Use Disorder as determined by the Diagnostic and Statistical Manual of Mental Disorders current edition. This service is equivalent to the American Society of Addiction Medicine (ASAM) Level 3.5. **Clinical Managed High-Intensity Residential Services** programs offer room, board, and interpersonal support to intoxicated individuals and individuals in substance use withdrawal.

All programs at this level rely on established clinical protocols to identify individuals who are in need of medical services beyond the capacity of the facility and to transfer such individuals to more appropriate levels of care. This service is delivered under a defined set of physician-approved policies and procedures or clinical protocols.

**Clinical Managed High-Intensity Residential Services** is less restrictive on the client and does not involve medications or such close and regular monitoring as Medically Monitored Inpatient Detoxification. Clients using substances other than those outlined for medical detoxification are typically put in to this modality of treatment to be observed and monitored for stability before entering into a traditional residential treatment program. This program is monitored and supervised by a Medical Director.

Minimum service requirements:

- Length of stay in clinically managed high-intensity residential services shall be determined utilizing the American Society of Addiction Medicine (ASAM) level of care criteria and requires prior approval of DMHA.
- Clinically managed high-intensity residential services shall have separate living areas for women and men.
- Eligible participants shall have significant impairment in physiological, social, occupational, and/or psychological functioning due to substance use. Participants may have a co-occurring disorder, defined as concurrent diagnosis of mental illness, and shall receive treatment for substance use and co-occurring disorders concurrently.
- Treatment services shall be based on individual need and diagnosis. Treatment services shall support participant self-sufficiency, decision making, empowerment, and disease self-management principles. Services include 24-hour supervision, observation, and support for individuals who are intoxicated or experiencing withdrawal.
- All services shall utilize evidence-based practices (EBP) and gender specific care. Evidence based practice is defined as programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results; show the greatest levels of effectiveness and have been replicated in different settings with different populations over time; and can include but are not limited to "treatment manuals." Evidence based practices for substance abuse is supported by the Substance Abuse and Mental Health Administration (SAMHSA): National Registry of Evidence-based Programs and Practices (NREPP).
- Provider shall have individualized, holistic, and comprehensive recovery/discharge plans for all participants utilizing community resources, recovery support services, and clinical interventions in the community of the participants' primary residence.
- All clinically managed high-intensity residential services shall be designed to practice and utilize recovery oriented environment, philosophy, and practices to include participant empowerment, self-sufficiency, and recovery options as defined by the participant.
- Ability to refer to hospital providing 24-hour medical backup;
- Use of clinically managed high-intensity residential service time as preparation for referral to another level of care; and

- Recognition of the chronic nature of the disease of substance dependence and the fact that some clients will require multiple admissions.

Who can claim for this service: DMHA Certified Service Provider Agencies; Free-Standing Psychiatric Inpatient Treatment Facilities shall be certified and In compliance with the Indiana Administrative Code, 440 IAC 1.5. Residential Care Providers shall be certified and In compliance with the Indiana Administrative Code, 440 IAC 6.

Exclusions: Provider shall voucher for admission day in clinically managed high-intensity residential service but not day of discharge.

**Clinically Managed Low-Intensity Residential Services (Treatment Bundle) - \$220/unit (unit = 1 day); requires Prior Authorization – coverage days vary**

Participants shall have a diagnosis of Substance Use Disorder as determined by the Diagnostic and Statistical Manual of Mental Disorders current edition. This service is equivalent to the American Society of Addiction Medicine (ASAM) Level 3.1. Clinically Managed Low-Intensity Residential Services program offers room, board, and interpersonal support to individuals in substance use recovery.

Clinically managed low-intensity residential services provide an ongoing therapeutic environment for participants requiring some structured support in which treatment is directed toward applying recovery skills; preventing relapse; improving emotional functioning; promoting personal responsibility; reintegrating the individual into the worlds of work, education, and family life; and building adaptive skills that may not have been achieved or have been diminished during the client's active addiction.

Services may be offered in an appropriately licensed facility located in a community setting, such as a halfway house, group home, or other supportive living environment. Clinically Managed Low-Intensity Residential Services is provided by a health care institution other than a hospital or a nursing care institution which provides resident beds or residential units, supervisory care services, personal care service, directed care services or health-related services for persons who do not need a higher level of service according to ASAM criteria.

All programs at this level rely on established clinical protocols to identify individuals who are in need of medical services beyond the capacity of the facility and to transfer such individuals to more appropriate levels of care. This service is delivered under a defined set of physician-approved policies and procedures or clinical protocols.

The purpose of clinically managed low-intensity residential services is to support, stabilize and rehabilitate individuals so they can return to independent community living. Clinically Managed Low-Intensity Residential Services provide a structured environment on a 24-hour basis.

**Minimum service requirements:**

- Eligible participants shall have significant impairment in physiological, social, occupational, and/or psychological functioning due to substance use. Participants may have a co-occurring disorder, defined as concurrent diagnosis of mental illness, and shall receive treatment for substance use and co-occurring disorders concurrently.
- Treatment services shall be based on individual need and diagnosis. Treatment services shall support participant self-sufficiency, decision making, empowerment, and disease self-management principles. Services include 24-hour supervision, observation, and support for individuals who are intoxicated or experiencing withdrawal.
- Length of stay in clinically managed low-intensity residential services shall be determined utilizing the American Society of Addiction Medicine (ASAM) level of care criteria and requires prior approval of DMHA.
- Clinically managed low-intensity residential services shall have separate living areas for women and men.
- All services shall utilize evidence-based practices (EBP) and gender specific care. Evidence based practice is defined as programs or practices that are proven to be successful through research methodology and have produced consistently positive patterns of results; show the greatest levels of effectiveness and have been

replicated in different settings with different populations over time; and can include but are not limited to "treatment manuals." Evidence based practices for substance abuse is supported by the Substance Abuse and Mental Health Administration (SAMHSA): National Registry of Evidence-based Programs and Practices (NREPP).

- Provider shall have individualized, holistic, and comprehensive recovery/discharge plans for all participants utilizing community resources, recovery support services, and clinical interventions in the community of the participants' primary residence.
- All clinically managed low-intensity residential services shall be designed to practice and utilize recovery oriented environment, philosophy, and practices to include participant empowerment, self-sufficiency, and recovery options as defined by the participant.
- Ability to refer to hospital providing 24-hour medical backup;
- Use of clinically managed low-intensity residential services as preparation for referral to another level of care; and
- Recognition of the chronic nature of the disease of substance dependence and the fact that some clients will require multiple admissions.
- Facilitates application of recovery skills, relapse prevention, and emotional coping skills.
- 24-hour structure and support provides residents with the opportunity to develop and practice interpersonal/group living skills, reintegrate into the community/family, and begin or resume employment and/or academic pursuits.
- Treatment Bundle must include a minimum of 5 hours of planned, clinical services of professionally directed treatment per week; the specific services and supports must be listed on the individualized plan and include a projected schedule for service delivery, including the expected frequency and duration of each type of planned therapeutic session or encounter and type of personnel that will be furnishing the services
- Clinical services must be individualized for each participant; services available for the treatment bundle should include, at a minimum:
  - Case management
  - Individual, family, and group Skills Training and Development
  - Individual, family, and group Counseling
  - Alcohol and Other Drug Screening
  - Peer Recovery Support Services
  - Medication monitoring/review; and/or access to medications

Who may claim for this service: DMHA Certified Service Provider Agencies; Free-Standing Psychiatric Inpatient Treatment Facilities shall be certified and In compliance with the Indiana Administrative Code, 440 IAC 1.5. Residential Care Providers shall be certified and In compliance with the Indiana Administrative Code, 440 IAC 6.

Exclusions: Provider shall voucher for admission day in clinically managed low-intensity residential services but not day of discharge.

**HIP Power Account Contribution - \$1/unit (unit = 1 dollar); requires Prior Authorization for claims exceeding \$165 maximum – contribution amount varies**

The Division of Mental Health and Addiction is able to contribute to a beneficiary's POWER account contribution. Funds cannot be use toward co-pays. Recovery Works funds can be used to pay the POWER account contribution for any participant in our program who expresses need, as long as the individual qualifies for, and is enrolled in, Recovery Works. All, or a portion, of the annual contribution amount may be requested in the prior authorization; however, a plan for the participant to make future contributions into the POWER account should accompany the prior authorization request.

Who may claim for this service: Designated Recovery Works Agencies

Exclusions: There are no limits on the amounts third parties can contribute to a beneficiary's POWER account except that the contribution must be used to offset the beneficiary's required contribution only - not the state's.

**Telepsychiatry- \$18.74/unit (unit = 1/4 hour); requires Prior Authorization**

Telepsychiatry is the use of a telecommunication system to provide psychiatric services between places of lesser and greater medical capability and/or expertise, for the purpose of evaluation and treatment. Telepsychiatry is the delivery of acute mental health or substance abuse care, including diagnosis or treatment, by means of a secure, two-way real-time interactive audio and video by a health care provider in a remote location to an individual needing care at a referring site, known as the Originating Site.

Medical data exchanged can take the form of multiple formats: text, graphics, still images, audio and video. The information or data exchanged can occur in real time (synchronous) through interactive video or multimedia collaborative environments or in near real time (asynchronous) through “store and forward” applications.

**Service Sites**

The originating site is the facility in which the participant is located. The distant site is the facility from which the provider furnishes the TMH service. All service sites must be approved Recovery Works providers.

**Special Considerations**

- When ongoing services are provided, the member should be seen by a physician for a traditional clinical evaluation at least once a year, unless otherwise stated in policy. In addition, the hub physician should coordinate with the patient’s primary care physician.

**Documentation Standards**

- Documentation must be maintained at the hub and spoke locations to substantiate the services provided.
- Documentation must indicate the services were rendered via TMH.
- Documentation must clearly indicate the location of the hub and spoke sites.
- All documentation guidelines for services rendered via TMH apply
- Documentation is subject to post-payment review.
- Providers must have written protocols for circumstances when the member must have a hand-on visit with the consulting provider. The member should always be given the choice between a traditional clinical encounter versus a telemedicine visit. Appropriate consent from the member must be obtained by the spoke site and maintained at the hub and spoke sites.

Who can claim for this service: Designated Recovery Works Agencies with Prior Authorization who follow federal and state digital health information security guidelines; Providers include Licensed Physician, Psychiatrist, AHCP.

Exclusions: Telemedicine is not the use of the following: (1) *Telephone transmitter for transtelephonic monitoring; or* (2) *Telephone or any other means of communication for consultation from one provider to another.*